



PTO/SB/21

U.S. Department of Commerce  
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PATENT

2684

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450Customer No.: 23696  
Attorney Docket No.: 000045A1  
In Re Application of: BLACK  
Serial Number: 09/434,314  
Filed: 11/4/1999  
Examiner: J.J. LEE  
Group Art Unit: 2684

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

In addition, the following documents are enclosed:

1. ☒ A Petition for Extension of Time: (1) month(s) is hereby requested.
2. ☐ Information Disclosure Statement (IDS):
  - a. ☐ PTO-1449
  - b. ☐ Copies of IDS Citations (number of citations: )
3. ☐ Change of Attorney's Address in Application.
4. ☐ Other:

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Technology Center 2600

| CLAIMS   | (a) Number<br>Remaining After<br>Amendment | (b) Highest<br>Number<br>Previously Paid<br>For | (c)<br>Extra<br>Claims                                | Large Entity Fee | Fee Paid |
|--|--|---|---|------------------|----------|
| Total*   | 57   | 57  | 0   | x \$18 =         | \$0.00   |
| Independent**  | 14   | 14  | 0   | x \$86 =         | \$0.00   |
| Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |   |   | \$290            | \$0.00   |
| EXTENSION FEES   |  |   | <input checked="" type="checkbox"/> One Month         | \$110            | \$110.00 |
|  |  |   | <input type="checkbox"/> Two Months                   | \$420            | \$0.00   |
|  |  |   | <input type="checkbox"/> Three Months                 | \$950            | \$0.00   |
| INFORMATION DISCLOSURE<br>STATEMENT  |  |   | <input type="checkbox"/> After First<br>Office Action | \$180            | \$0.00   |
|  |  |   | <input type="checkbox"/> After Final<br>Office Action | \$130            | \$0.00   |
| TERMINAL DISCLAIMER  |  |   |   | \$110            | \$0.00   |
|  |  |   |   | TOTAL FEE        | \$110.00 |

\*If the number in column a is less than 20, enter 0 in column c.  
\*\*If the number in column a is less than 3, enter 0 in column c.

5. ☐ Fee check in the amount of \$\_\_\_\_\_ is enclosed to pay for any claim and/or extension fees.
6. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$110.00.  
The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
7. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: 05/13/2004

Signature:

Sandra L. Godsey  
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